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CY2008 Outpatient Itemized Billing (OIB) Rate Package Release

July 1st at 0800, 1600 & 2100 EDT

Dial in: 1-866-866-2244

Participant code: 5260345#



Agenda



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- Rates Update Overview
- Impact of 2008 CPT Implementation On Billing
- CMAC/CMAC Component Rates
- Associated Rate Tables (MEPRS Based Rates)
- Mapping Table Updates
- Pharmacy Rates
- Cosmetic Surgery Rates
- Questions



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Rate Update Overview

Type of Rate	Typical Update Timeframe	
Outpatient Itemized Billing (OIB)	July	
Cosmetic Procedures	July	
Pharmacy	August and January	
Inpatient/Adjusted Standardized Amount (ASA)	October	
Field/Tent/Non-Fixed Facility	As Needed	3



2008 OIB Rates



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- 2008 OIB Rates Become Effective on July 7, 2008



Impact Of 2008 CPT Implementation On Billing



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- Each year new CPT codes are added and deleted
- This year deployment of the new code set is delayed within AHLTA and CHCS
 - We are optimistic that deployment will happen in July
 - This could create a situation where the rates become effective before the 2008 codes are fully deployed
 - If deleted codes reach the billing office, there will not be rates for the deleted codes once the 2008 rates are loaded
- We believe the billing impact of this will be minor based on the number of deleted codes and the short period of time before all systems implement the 2008 codes



CMAC Rates - Overview



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- UBO CMAC rates are derived from TMA CMAC rates
 - TMA provider class (physician/facility, physician/non-facility, non physician/facility and non-physician/non-facility) rates are converted to provider class 1, 2, 3, and 4 rates
- UBO CMAC locality naming conventions follow TMA except overseas
 - CMAC locality 391 used for OCONUS
- Added 89 lab/pathology codes/rates
 - Including pharmacy therapy codes: 99605-99607
- Removed Telephone Consult codes and rates
- Set 20 codes to \$0.00 (not available for separate reimbursement - considered part of the "global procedure")
- Added 2008 Ambulatory Procedure Visit (APV) rate of \$1,568.00



CMAC Emergency Dept (ED) rates



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- 99281-99285 will be used for the institutional portion of an ED encounter
 - Mapped to the UB 04
 - Rates are based on 2008 APC rates
 - Because of electronic billing requirements (e.g., 837i and 837p), the professional portion of the ED encounter will not be billed



CMAC ED Rates Compare



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CPT Code	'07 rate	'08 rate	% change
99281	\$ 50.01	\$ 50.76	1%
99282	\$ 82.96	\$ 83.67	1%
99283	\$ 130.00	\$ 132.17	2%
99284	\$ 209.99	\$ 212.59	1%
99285	\$ 325.25	\$ 315.51	(3)%



CMAC Component Rate File



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Added PET Scan for professional, technical and global rates

CPT code	Professional	Technical	Global
• 78608	\$ 63.85	\$ 1,107.22	\$ 1,171.07
• 78609	\$ 72.01	\$ 1,107.22	\$ 1,179.23
• 78459	\$ 74.28	\$ 805.70	\$ 879.98
• 78491	\$ 67.61	\$ 807.22	\$ 874.83
• 78492	\$ 95.98	\$ 827.30	\$ 923.18
• 78811	\$ 67.95	\$ 931.52	\$ 999.47
• 78812	\$ 84.00	\$ 931.52	\$ 1,105.52
• 78813	\$ 86.73	\$ 1,107.22	\$ 1,193.95
• 78814	\$ 94.93	\$ 1,107.22	\$ 1,202.15
• 78815	\$ 105.17	\$ 1,107.22	\$ 1,212.39
• 78816	\$ 108.24	\$ 1,107.22	\$ 1,215.46



Associated Rate Tables



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- Ambulance
- Anesthesia
- APV (Ambulatory Procedure Visit)
- Dental
- Durable Medical Equipment/Supplies (DME/DMS)
- IOR/IMET (Government Discount %)
- Immunization
- Observation
- Pharmacy Dispensing Fee
- **DMDC outpatient conversion factor increased from \$12 to \$29 which affected the 2008 MEPRS based rates*



Ambulance Rate – Price Compare



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	'07 rate	'08 rate	% change
FOR:	\$ 170.00	\$ 229.00	35%
IOR:	\$ 161.00	\$ 215.00	34%
IMET:	\$ 99.00	\$ 136.00	37%



* Note: Ambulance is billed using A0999



Anesthesia Rate – Price Compare



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	'07 rate	'08 rate	% change
FOR:	\$ 886.00	\$ 1,006.00	14%
IOR:	\$ 837.00	\$ 945.00	13%
IMET:	\$ 553.00	\$ 577.00	4%

Note: Anesthesia codes 01953, 01968, & 01969
are set to \$ 0.00



APV Rate (99199) – Price Compare



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	'07 rate	'08 rate	% change
FOR: 9%	\$ 1,443.00	\$ 1,568.00	
IOR: 8%	\$ 1,363.00	\$ 1,474.00	
IMET: 11%	\$ 840.00	\$ 930.00	



Dental Rate – Price Compare



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CDT codes change	'07 rate	'08 rate	%
FOR:	\$ 96.00	\$ 116.00	21%
IOR:	\$ 91.00	\$ 109.00	20%
IMET:	\$ 43.00	\$ 54.00	26%





DME/DMS Rates



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Continue to use CMS DME “floor rate”

- no major price variances from 2007 to 2008
- Used Jan 2008 Rate file (most recent posted on CMS)
- Removed “duplicate” codes and secondary modifiers to adhere to CHCS and TPOCS file specs
- Added 54 Radiopharmaceuticals: A9500-A9699



IOR/IMET Discount % Compare



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Govt Discount	'07	'08	% change
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IOR:	95%	94%	(1)%
IMET:	58%	57%	(1)%

- ✓ Note: the government billing discount is applied to the Full Outpatient Rate (FOR)



Immunization Rate – Price Compare



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	'07 rate	'08 rate	% change
FOR:	\$ 48.00	\$ 69.00	44%
IOR:	\$ 45.00	\$ 65.00	44%
IMET:	\$ 28.00	\$ 41.00	46%

- Added rate for CPT code 90649 “HPV” (\$100.00)



Observation Rate – Price Compare



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	'07 rate	'08 rate	% change
99218:	\$ 689.44	\$ 882.00	28%
99219:	\$ 819.94	\$ 1,076.00	31%
99220:	\$ 923.00	\$ 993.00	8%



Pharmacy Dispensing Fee



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- Average Wholesale Price (AWP) includes pharmacy operations costs
- 2008 Pharmacy Dispensing Fee in CHCS and TPOCS is set to \$ 0.00



Mapping Table Updates



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- TPOCS Mapping Table
- CPT Revenue Mapping Table
- Modifier Mapping Table
- DMIS ID Mapping Table



TPOCS Mapping Table



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- Updated code series:
 - 80047 - 89399
 - 90465 - 90474
 - 99500 - 90607
- Re-mapped following codes series:
 - 90471-90474: CMAC rate table; CMS 1500 bill form
 - 90476-90579: Immunization rate table; UB-04 bill form
 - 90760-90779: CMAC rate table; UB-04 bill form
- Added the following modifiers:
 - 50 through 59: S codes
 - Approximately 119 Genetic Modifiers (0A – 9Z)



CPT Revenue Mapping Table



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- Used source CY 2008 file from UBU for CPT and HCPCS code update
- Added all Category II codes (ending in letter F); However no revenue centers are indicated in guidance*; therefore assigned default 510 (clinic) revenue code
- Added all Category III codes (ending in T); assigned appropriate revenue centers
- Per Army Service request, re-assigned approximately 20 revenue codes (see speaker's notes for complete listing)



Modifier Mapping Table



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- Re-mapped the following series:
 - 90471-90474: CMAC rate table; OPE service center
 - 90476-90579: Immunization rate table; IMM service center
 - 90760-90779: CMAC rate table; OPE service center
- Added D0000-D9999 to several modifiers
- Added Genetic Modifiers: (0A, 0B, 0C, 0D, 0E, 0F, 0G, 0H, 0I, 0J, 0M, 0N, 0O, 0P, 0Z, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, 1I, 1J, 1M, 1N, 1P, 1Z, 2A, 2B, 2C, 2D, 2E, 2F, 2G, 2H, 2I, 2J, 2M, 2N, 2O, 2P, 2Q, 2R, 2S, 2T, 2Z, 3A, 3B, 3C, 3D, 3E, 3F, 3G, 3H, 3I, 3J, 3M, 3N, 3O, 3P, 3Z, 4A, 4B, 4C, 4D, 4E, 4F, 4G, 4H, 4I, 4J, 4M, 4N, 4O, 4Z, 5A, 5B, 5C, 5D, 5E, 5F, 5G, 5H, 5I, 5J, 5M, 5N, 5O, 5Z, 6A, 6B, 6C, 6D, 6E, 6F, 6Z, 7A, 7B, 7C, 7D, 7E, 7F, 7Z, 8A, 8B, 8C, 8P, 8Z, 9A, 9B, 9C, 9D, 9L, 9M, 9N, 9O, 9P, 9Q, 9Z)



DMIS ID Mapping Table



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- Assigned approximately 45 new DMIS IDs to localities
- Mapped all OCONUS sites to “391”
- Mapped all 5400 sites to locality “000”
 - Civilian institutions, therefore civilian hospital bills for facility fee, and MHS does not have capability to bill separate outpatient professional fees.



Cosmetic Surgery Estimator (CSE)



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- Botox – moved from 17999 professional fee + cost of substance to chemodenervation CPT codes: 64612, 64613, 64614
 - Redesigned tool to accommodate discount for residents
- Added Piercing (Ear, body - other) procedure
- Added “Laser Vein (Varicose) Removal procedure
- Subcutaneous injection of material



CSE (cont.)



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- New inpatient rate = \$5,280
- Using ICD-9 code 453: "Complications of treatment without co morbidity."
- 2008 DRG 543 weight = .5146
- FY 2008 Average ASA Rate = \$10,265.93
- Weight x ASA rate = $(.5146 \times \$10,265.93) = \$5,282.85$
- Round to nearest \$10 = \$ 5,280.00



Questions?



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